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APPLICANTS  
 Stacy L. McMillan, San Marcos, CA;

\*\* CONTINUING DATA \*\*\*\*\* *SMJ none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *SMJ none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature *SMJ* Initials

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TITLE  
 Portable high-hat device

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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